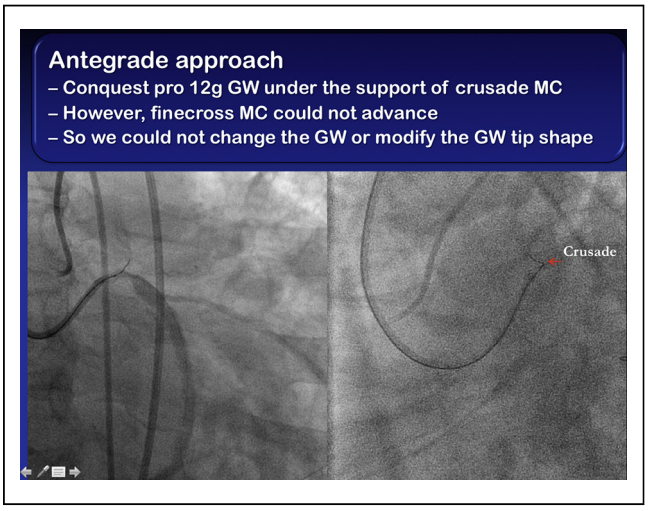

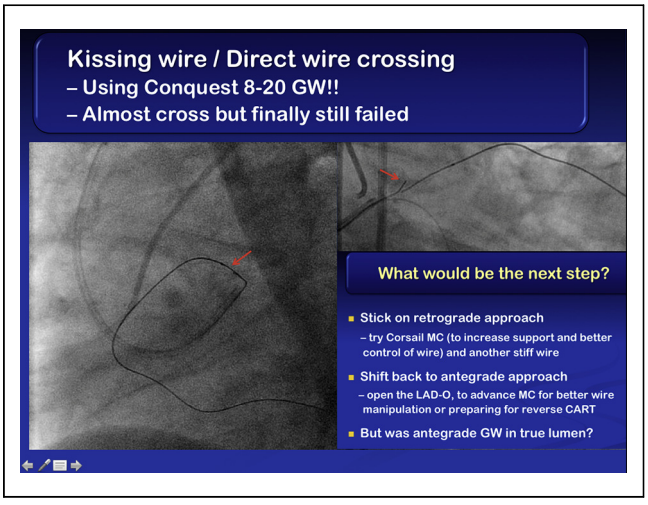

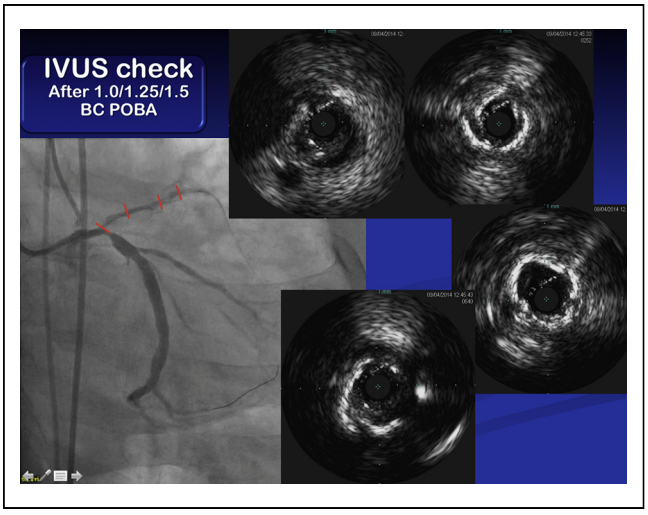

Case Summary. Both antegrade and retrograde approaches are pivotal in the treatment of CTO. Side branch IVUS technique in ostium CTO PCI is useful for identification of the true lumen. In ostium CTO, micro catheter (such as fine cross, corsair and crusade) is indispensable for the modification of wire curve, attack angle and wire support, either in antegrade or retrograde approach.

TCTAP C-105

RCA CTO Treated by Contemporary Reverse CART Using GAIA Third Guidewires Bidirectionally

Yoshiki Uehara[1]

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[CLINICAL INFORMATION]

Patient initials or identifier number. A. K.

Relevant clinical history and physical exam. The patient had a history of CHF and RCA CTO was documented by CAG. PCI for the RCA CTO had been attempted twice; however guidewire was not able to pass the CTO. Therefore, this procedure was third attempt.

[INTERVENTIONAL MANAGEMENT]

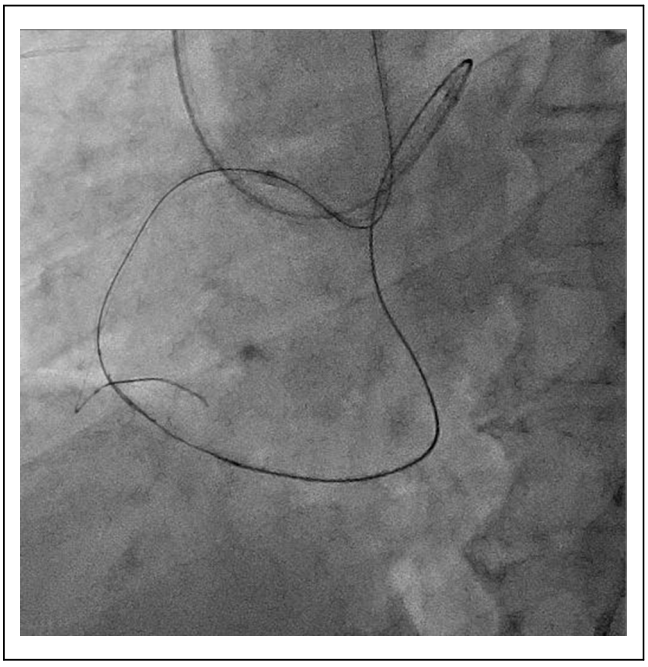
Procedural step. Target lesion: Seg. 2-3 (mRCA CTO) Approach: bifemoral

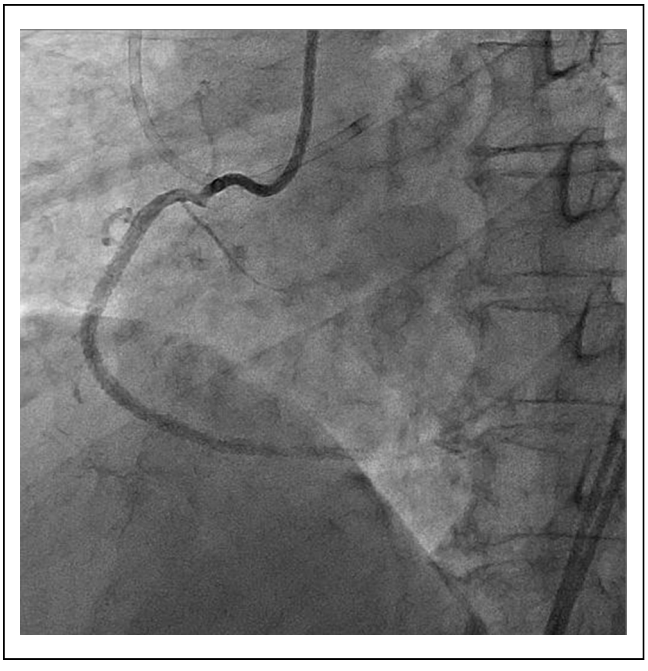
Guiding catheters: 7Fr Launcher AL1SH, EBU3.75SH (Medtronic)

Microcatheter: Corsair (Asahi), Crusade, Mizuki (Kaneka), Guideliner (Japa Lifeline)

Guidewires: Sion, Suoh, XT-R, Gaia First, Gaia Second, Gaia Third, Conquest Pro, Conquest Pro 12, Conquest Pro 8-20, X-treme, RG3 (Asahi)

Balloons: canPass 2.0 mm (Japan Lifeline), Mini Trek 1.2mm, 2.25mm (Abbott), Hiryu Plus 3.75mm, 2.25mm (Terumo), Raiden 3.25mmStents: Xience Xpedition 2.25/28mm, 2.75/33mm, 3.25/28mm (Abbott)IVUS: OptiCross (Boston)A location of entry of the CTO was confirmed by IVUS examination from RV branch. Then operator tried to penetrate proximal cap of the CTO using various guidewires including Conquest series. Consequently, Gaia Third guidewire was able to enter the CTO and antegrade preparation was performed using small balloons. Septal channel was negotiated with XT-R and retrograde system was established. Gaia Third guidewire was also used retrogadely and it crossed the CTO in a contemporary reverse CART manner. After externalization with RG3 guidewire, three DES was placed to the CTO lesion.





Case Summary. Finally, sufficient coronary flow was obtained. The Gaia Third guidewire is useful for CTO-PCI especially in retrograde approach with contemporary reverse CART.

TCTAP C-106
CTO

Liu Gang,[1] Le Wang[1]
[1]The First Hospital of Hebei Medical University, China

[CLINICAL INFORMATION]

Patient initials or identifier number. LI

Relevant clinical history and physical exam. Male, 48 years
He was admitted effort chest pain and AMI of inferior wall for 1 year.
physical examination: normal
ECG:III, AVF show Q wave, V1, V2 QS wave
Echocardiography : LA32mm LV46mm LVEF55%